


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 441494</b> 1. Entity Name CAPITAL CAR CARE CENTER, INC.	
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FILED

05 FEB 21 PM 5: 31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02182005 No Chg-P CR2E034 (10/03) *MRS*

4. FEI Number <b>59-1512373</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1010 W. THARPE ST. TALLAHASSEE, FL 32303 US	Mailing Address 1010 WEST THARPE STREET TALLAHASSEE, FL 32303 US
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6. Name and Address of Current Registered Agent

MCCONNELL, JOHN A.  
1010 W. THARPE ST.  
TALLAHASSEE, FL 32303

DO NOT WRITE  
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCONNELL, JOHN A.
STREET ADDRESS	1909 SHERWOOD DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	STD
NAME	MCCONNELL, ELAINE F.
STREET ADDRESS	1909 SHERWOOD DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VD
NAME	MCCONNELL, JOHN R
STREET ADDRESS	3102 MCCORD BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

700047931997  
03/08/05--01029--008 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John A. McConnell* **John A. McCONNELL, Pres** 2-19-05 850-385-8188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #